Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10-9-13	Address:	8900 block of
Incident #:	13ISPC010184		Ripperdan Valler Rd
County :	HARRISON		MAUCKPORT, IN
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
☐ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) One Pot or Birch Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): ALONG THE ROADWAY			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
☐ Yes	<u>age 18 discovered</u> (check appropriate) (number present) not present but evidence they reside	unclean Estimated les occurring:	tions of home: clean disarray
This report	has been faxed* or emailed to the fo	llowing agencies tha	at serve the location:
Health Depar	nent City, Township or County <u>HETH</u> ettment County: <u>HARRISON</u> of Child Services Hotline: <u>dcshotlinere</u>	Fax: <u>812-7</u> Fax: <u>812-7</u> ports@dcs.in.gov Fa	38-4292
	ormation regarding this methamphetan Officer: JACKIE SMITH Phone	•	act

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.